AB041. P-09. Neoadjuvant chemotherapy with portal vein embolization for initially unresectable hilar cholangiocarcinoma—a case report

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Background: Hilar cholangiocarcinoma accounts for 60% of cholangiocarcinomas from an anatomic point of view, followed by 30% of extrahepatic and 10% of intrahepatic. Curative resection represents the only hope for cure; however, more than 60% patients diagnosed of hilar cholangiocarcinoma were deemed unresectable, many with insufficient future liver remnant (FLR). We present a case underwent hepatico-pancreaticoduodenectomy (HPD) who had received neoadjuvant chemotherapy while waiting for an optimal hypertrophy of FLR after percutaneous transhepatic portal vein embolization (PTPE).

Methods: A 64-year-old female presented with acute cholecystitis associated with jaundice and underwent cholecystectomy plus choledocholithotomy in August 2018. The specimen yielded adenocarcinoma at the cystic duct stump and she was referred to our hospital. Computed tomography (CT) and magnetic resonance cholangiopancreatography (MRCP) demonstrated a Klatskin cancer, Bismuth type IV, with downward horizontal extension. The planned surgery was extended right HPD. However, FLR was only 19% (segment 2 and 3), thus PTPE targeting right portal branches was performed.

Results: Stemming from unexpected longer time period needed to achieve an optimal FLR, gemcitabine plus oxaliplatin chemotherapy was administered. She underwent an extended right HPD with left portal vein reconstruction in October 2018 not until FLR came to 38% after 12 weeks span. She was discharged uneventfully at postoperative day 21.

Conclusions: We recommend that neoadjuvant chemotherapy should be employed to buy time while awaiting an optimal FLR whenever regeneration rate of FLR following PTPE is slow.

Keywords: Hilar cholangiocarcinoma; percutaneous transhepatic portal vein embolization (PTPE); neoadjuvant chemotherapy

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